

STATE OF CALIFORNIA  
BUSINESS, TRANSPORTATION AND HOUSING AGENCY  
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
DIVISION OF CODES AND STANDARDS  
REGISTRATION AND TITLING PROGRAM



## APPLICATION FOR REFUND

### SECTION I. UNIT DESCRIPTION AND PAYEE INFORMATION

Decal or License Number:	Serial Number:	Date Fees Paid:	County Name:
Enter Name and Address of Party Requesting Refund (Payee)	Name:		
	Street:	City:	State: Zip:
Enter Registered Owner Name and Address (If Different than Payee)	Name:		
	Street:	City:	State: Zip:

### SECTION II. CLAIM FOR REFUND AND APPLICANT'S CERTIFICATION

A claim for refund in the amount of \$\_\_\_\_\_ in fees paid in error or fees not required to be paid to the Department of Housing and Community Development is hereby requested.

PLEASE STATE BRIEFLY IN THIS SPACE WHY A REFUND IS BEING REQUESTED

I/We certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on \_\_\_\_\_ at \_\_\_\_\_  
Date
City
State

Signature: \_\_\_\_\_

#### DEPARTMENT USE ONLY

Prior Years		Current		Total	
PPF		PPF		PPF	Headquarters Approval Clerk _____
RF		RF		RF	
ILT		ILT		ILT	
PEN1		PEN1		PEN1	Refund Approved By: _____ (Signature of Manager/Supervisor)
PEN2		PEN2		PEN2	
TRF		TRF		TRF	
DUPT		DUPT		DUPT	ACCOUNTING USE ONLY
DUPR		DUPR		DUPR	
SUBD		SUBD		SUBD	
CONF		CONF		CONF	
REPO		REPO		REPO	
RREG		RREG		RREG	
RSF		RSF		RSF	
SIT		SIT		SIT	
UTP	RT	UTP	RT	UTP RT	
ASF		ASF		ASF	
MHP		MHP		MHP	
CCP		CCP		CCP	
TOTAL		TOTAL		TOTAL	Check Number: _____
					Check Date: _____
					By: _____